

TIME OFF REQUEST FORM

Employee Name: _____

Dates Requested From: _____ **Returning** _____

Clients Affected: _____ **Days of Week & Service Times:**

Approved by _____

Who will notify Clients? _____

Client special needs, if any: _____

* Vacation & Time-Off Requests MUST have office approval. Minimum 30 days notice for any and all vacation time. Form must be signed by Scheduling Department for submission to Payroll.